

## **Marin General Hospital**

### Performance Metrics and Core Services Report

4th Quarter 2013

**Marin General Hospital**  
Performance Metrics and Core Services Report: **4th Quarter 2013**

**TIER 1 PERFORMANCE METRICS**

*In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:*

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of 7/16/2013 for a duration of 36 months. Next survey to occur in 2016.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2013 (Annual Report) will be presented to MGH Board and to MHD Board in May 2014.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2013 will be presented for approval to the MGH Board in May 2014.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	<b>Schedule 1</b>
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	<b>Schedule 2</b>
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	In Compliance	<b>Schedule 3 Schedule 4</b>
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	<b>Schedule 5</b>
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	<b>Schedule 5</b>

**Marin General Hospital**  
Performance Metrics and Core Services Report: **4th Quarter 2013**

**TIER 2 PERFORMANCE METRICS**

*In accordance with Tier 2 Performance Metrics requirements, the General Member shall monitor and the MGH Board shall provide necessary reports to the General Member on the following metrics:*

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	<b>Schedule 6</b>
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	<b>Schedule 1</b>
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	<b>Schedule 7</b>
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	<b>Schedule 8</b>
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	<b>Schedule 8</b>
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	<b>Schedule 2</b>
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	<b>Schedule 5</b>
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	<b>Schedule 9</b>
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	<b>Schedule 10</b>
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	In Compliance	<b>Schedule 3</b> <b>Schedule 4</b>
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	<b>Schedule 11</b>
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on October 12, 2013
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses report was presented to the MGH Board on October 12, 2013
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	<b>Schedule 5</b>
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	<b>Schedule 12</b>
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2012 Independent Audit will be completed on April 29, 2014.
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	<b>Schedule 5</b>
	3. MGH Board will provide copies of MGH's annual tax return (form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2011 Form 990 was filed on November 15, 2013.

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**  
The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**  
The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

#### Marin General Hospital Overall Hospital HCAHPS Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.  
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.  
Scores for the individual questions do not have adjustments applied.

FY 2015 VBP Thresholds				1Q 2013	2Q 2013	3Q 2013	4Q 2013
67.96	76.56	83.44	<b>Overall rating</b>	63.44	67.49	65.53	68.05
76.56	81.64	85.70	<b>Communication with Nurses</b>	71.73	72.04	74.41	74.26
			Nurse Respect	82.35	81.93	83.11	85.65
			Nurse Listen	75.21	74.15	76.79	70.85
			Nurse Explain	69.62	72.03	75.34	78.28
79.88	84.83	88.79	<b>Communication with Doctors</b>	81.25	81.90	79.38	78.87
			Doctor Respect	89.27	87.71	87.73	88.13
			Doctor Listen	80.26	81.97	78.54	77.93
			Doctor Explain	78.11	79.91	75.78	74.44
63.17	72.00	79.06	<b>Responsiveness of Staff</b>	62.66	62.73	57.17	57.05
			Call Button	59.72	67.96	54.74	56.08
			Bathroom Help	75.00	66.91	69.00	67.42
69.46	74.30	78.17	<b>Pain Management</b>	66.80	71.82	65.17	69.56
			Pain Controlled	67.26	72.00	64.24	68.39
			Help with Pain	75.74	81.03	75.50	80.13
60.89	66.98	71.85	<b>Communication about Medications</b>	54.38	58.88	57.01	51.15
			Med Explanation	71.63	79.14	72.22	76.47
			Med Side Effects	44.93	46.43	45.59	33.62
64.07	72.31	78.90	<b>Hospital Environment</b>	47.26	52.75	53.80	53.07
			Cleanliness	54.24	57.37	56.89	60.86
			Quiet	40.28	48.13	50.71	45.28
83.54	86.97	89.72	<b>Discharge Information</b>	83.23	85.63	82.68	81.50
			Help After Discharge	82.35	85.88	80.77	82.35
			Symptoms to Monitor	86.70	86.98	87.19	83.25
			<b>Number of Surveys</b>	238	239	224	223

Thresholds Color Key:	
National 95th percentile	
National 75th percentile	
National average, 50th percentile	

Scoring Color Key:	
At or above 95th percentile	
At or above 75th percentile	
At or above 50th percentile	
Below 50th percentile	

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by  
MGH Quality Management on the 15th of each month.

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 2: Community Health & Education

➤ **Tier 1, Community Commitment**

In coordination with the General Member, the Board must publish the results of its biennial community survey to assess MGH's performance at meeting community health care needs.

➤ **Tier 2, Community Commitment**

The Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.

<b>Community Health Improvement Services</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
AARP Driver Safety Program	Driver safety program for older adults	General Public	Hosted by MGH
Basic Street Skills Class	Educational class on street skills for bicyclists	General Public	ED/Trauma
Behavioral Health Partial Hospitalization	Nutrition Counseling	Patients in Need	Behavioral Health/ Nutrition Services
Breast Health Forum	Seminar promoting breast cancer awareness	General Public	Center for Integrative Health & Wellness (CIHW)
Breast Surgery Education Class	Class held prior to breast cancer surgery	Patients	Breast Center
Breastfeeding Telephone Line	Free advice line open to the community	General Public	Women, Infants & Children (WIC)
Caregiver's Support Group		General Public	CIHW
Center for Integrative Health & Wellness (CIHW) Events	Various events held by CIHW for the community	General Public	CIHW
Child and Infant CPR Training Class	Safety class	General Public	WIC
Childbirth Class (3 part series)	Class for expecting couples	General Public	WIC
Childbirth Class (1 day)	Class for expecting couples	General Public	WIC
Community RD Phone Line	Free advice line open to the community for nutrition info	General Public	Nutrition Services
Couples Group: Living with Life Threatening Disease		General Public	CIHW
Every 15 Minutes	A community collaboration to educate high school students on drinking and driving	General Public	ED/Trauma

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 2, continued

<b>Community Health Improvement Services</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
Hands on CPR and AED Training	Free community-wide CPR and AED training held in the community	General Public	ED/Trauma
Infant Care Series	Class for new couples on infant care	General Public	WIC
Knitting Circle	For cancer survivors and families	General Public	CIHW
Lymphedema Classes and Support Group		General Public	CIHW
Medical Library	Health reference library open to staff, physicians and community	General Public	MGH
Outpatient Lactation Center	Free education, counseling and breastfeeding support available to the community	General Public	WIC
Prenatal Breastfeeding Class		General Public	WIC
Sibling Preparation Class		General Public	WIC
The Mom's Group	Free support group to the community that discusses newborn care, breastfeeding, parenting, etc.	General Public	WIC
The New Father Class	Free class for new fathers on having a newborn	General Public	WIC
Women's Support Group: Living Well with Metastasis		General Public	CIHW
Low Cost Mammo Day	Mammograms offered to underserved women	Patients in need	Breast Center
Indigent Funded Services for Behavioral Health	Including transportation, lodging, meals and other needs	Patients in need	Behavioral Health
Indigent Funded Services for Case Management	Including transportation, lodging, and Physical Therapy	Patients in need	Case Management
Shuttle Program for Senior Partial Adult Day Care Program	Free shuttle service for Behavioral Health program	Patients in need	Behavioral Health/Security & Shuttle

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 2, continued

<b>Health Professions Education</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
Grand Rounds	Education programs open to community doctors	Physicians	Medical Office Staff
CME Programs	Education for physicians	Physicians	Medical Office Staff/Physician Relations
Nursing Student Placement	Time spent from Education placing student nurses	Student Nurses	Education
Trauma Nurse Core Course (TNCC)	Nursing education focused on trauma	Nurses	ED/Trauma
Chaplain Resident Program	Training hours provided by our staff	Residents	Spiritual Care Department
Preceptorship for Case Management Students	Training hours provided by staff	Student Nurses	Case Management
Preceptorship for Nutrition Students	Training hours provided by staff	Dietitian Students	Nutrition Services
Trauma: The Marin Series	Education classes for paramedics, EMTs, fire department and other health care workers	Health care and emergency response workers	ED/Trauma

<b>Community Building</b>			
<b>Event</b>	<b>Description</b>	<b>Recipients</b>	<b>Presenter</b>
San Rafael Chamber of Commerce	Membership, events	Community	MGH
Marin County Health Eating/Active Living (HE/AL)	A program to create a strategic plan for HE/AL throughout the county	Community	MGH

# MGH Performance Metrics and Core Services Report 4Q 2013

## Schedule 3: Physician Engagement

- **Tier 1, Physicians and Employees**  
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**  
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

**The overall MGH 2014 Medical Staff Perception Study results are indicated below.**

**Source: PRC (Professional Research Consultants, Inc.)**

*Asked of Physicians:*

**“OVERALL, WOULD YOU RATE THE QUALITY OF CARE AT MARIN GENERAL HOSPITAL:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>111</b>	<b>44.5%</b>
<b>Very Good</b>	<b>97</b>	<b>38.9%</b>
<b>Good</b>	<b>36</b>	<b>14.2%</b>
<b>Fair</b>	<b>6</b>	<b>2.4%</b>
<b>Poor</b>	<b>0</b>	<b>0.0%</b>

**Percentile Ranking: 66th  
Total Number of Responses: 250 (84.5%)**

*Asked of Physicians:*

**“OVERALL, WOULD YOU RATE MARIN GENERAL HOSPITAL AS A PLACE TO PRACTICE MEDICINE:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>103</b>	<b>41.1%</b>
<b>Very Good</b>	<b>88</b>	<b>35.1%</b>
<b>Good</b>	<b>44</b>	<b>17.7%</b>
<b>Fair</b>	<b>14</b>	<b>5.6%</b>
<b>Poor</b>	<b>1</b>	<b>0.4%</b>

**Percentile Ranking: 58th  
Total Number of Responses: 250 (84.5%)**



# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 4: Employee Engagement

- **Tier 1, Physicians and Employees**  
The Board must report on all Tier 1 Physician and Employee Metrics at least annually.
- **Tier 2, Physicians and Employees**  
The Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.

The overall MGH 2014 Employee Engagement Study results are indicated below.

Source: PRC (Professional Research Consultants, Inc.)

*Asked of Employees:*

**“OVERALL, AS A PLACE TO WORK, WOULD YOU SAY  
MARIN GENERAL HOSPITAL IS:”**

<i>Rank</i>	<i># Responses</i>	<i>% of Responses</i>
<b>Excellent</b>	<b>178</b>	<b>19.0%</b>
<b>Very Good</b>	<b>275</b>	<b>29.5%</b>
<b>Good</b>	<b>283</b>	<b>30.3%</b>
<b>Fair</b>	<b>139</b>	<b>14.9%</b>
<b>Poor</b>	<b>58</b>	<b>6.2%</b>

**Percentile Ranking: 15th**  
**Total Number of Responses: 933 (56.5%)**

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 5: Finances

➤ **Tier 1, Finances**

The MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.

➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial Measure	1Q 2013 YTD	2Q 2013 YTD	3Q 2013 YTD	4Q 2013 YTD
EBIDA \$	\$7,589	\$12,780	\$15,972	\$22,627
EBIDA %	9.53%	7.91%	6.67%	7.01%

Loan Ratios				
Current Ratio	2.45	2.61	2.67	2.71
Debt to Capital Ratio	38.8%	38.8%	39.1%	36.2%
Debt Service Coverage Ratio	4.76	3.40	3.42	2.67
Debt to EBIDA %	1.05	1.65	1.68	2.29

Key Service Volumes, cumulative				
Acute discharges	2,427	4,791	7,135	9,378
Acute patient days	10,698	20,427	30,346	40,356
Average length of stay	4.41	4.26	4.25	4.30
Emergency Department visits	8,739	17,580	26,093	34,787
Inpatient surgeries	565	1,094	1,700	2,269
Outpatient surgeries	753	1,828	2,719	3,740

**DEFINITIONS OF TERMS**

**EBIDA:** Earnings Before Interest, Depreciation And Amortization. By adding back interest and amortization payments as well as depreciation (a non-cash outflow expense), it allows the measurement of the cash that a company generates.

**Debt to Capital Ratio:** A measurement of how leveraged a company is. The ratio compares a firm's total debt to its total capital. The total capital is the amount of available funds that the company can use for financing projects and other operations. A high debt-to-capital ratio indicates that a high proportion of a company's capital is comprised of debt.

**Debt Service Coverage Ratio:** A measurement of a property's ability to generate enough revenue to cover the cost of its mortgage payments. It is calculated by dividing the net operating income by the total debt service. For example, a property with a net operating income of \$50,000 and a total debt service of \$40,000 would have a debt service ratio of 1.25, meaning that it generates 25% more revenue than required to cover its debt payment.

**Debt to EBIDA %:** Measurement used to predict a company's ability to pay off the debt it already has. The ratio calculates the amount of time required for the business to pay off all debt, but does not take into considerations like interest, depreciation, taxes or amortization. Having a high debt/EBITDA ratio will often result in a lower credit score for the business.

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 5, continued

➤ **Tier 2, Community Commitment**

The Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.

**Marin General Hospital  
Capital Expenditure Report  
For the Period January - December 2013**

**Major Capital Expenditures**

Davinci S System (Surgical Robot)	1,419,766
Upgrade to Stealth Station	294,684
DaVinci Instrumentation	203,083
Covidien Energy Platforms	183,602
Xstrahl 100 Mobile X-ray Therapy System	175,000
4 SPO2RT2 Bed Systems	156,000
8 Affinity Birthing Beds and Bars	132,811
Dornoch Transposal Fluid System	123,970
4 Carebook Software	120,002
22 Stinger Slimline Carts	114,973
3M Coding, CAC and CDI System	110,973
Other Equipment Under \$100K	1,643,508
<b>Total Major Capital Expenditures</b>	<b><u>4,678,373</u></b>

**Construction in Progress**

IT-CPOE Meaningful Use	1,269,813
MGH Preliminary Architectural Master Design	1,143,920
Lab Dimension Vista/Refrigeration	1,106,316
EDM (ED Monitoring)	527,454
Interventional Radiology	395,343
MGH IT Data Center	379,495
3950 Civic Center (Leasehold Improvements)	274,156
Inpatient Psychiatry (Leasehold Improvements)	273,062
1350 Suite 100 (Leasehold Improvements)	272,166
West Wing Medical Air and Vacuum System Replacement	209,641
Data Center Renovation	191,669
Network Core Upgrade (Core Switches)	184,659
SPD Sterilizer/Washers/DI System	166,291
1350 Xstrahl	161,541
SPM Instrumentation	157,608
EDIS	132,830
ED Remodel - Phase II - Family Wait Area	118,960
2 Belvedere (Leasehold Improvements)	114,842
75 Rowland Way (Leasehold Improvements)	112,634
2 Bon Air Network Infrastructure	111,206
Foundation Suite 155/167 (Leasehold Improvements)	106,035
Other CIP Under \$100K	1,055,644
<b>Total Construction in Progress</b>	<b><u>8,465,286</u></b>

<b>Total Capital Expenditures</b>	<b><u>13,143,659</u></b>
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# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 6: Clinical Quality Reporting Metrics

➤ **Tier 2, Quality, Safety and Compliance**

The MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH’s Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, “never events,” process of care measures, adverse drug effects, CLABSI, preventive care programs).

#### CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org)), and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

<b>Abbreviations and Acronyms Used in Dashboard Report</b>	
<b>Term</b>	<b>Title/Phrase</b>
Abx	Antibiotics
ACC	American College of Cardiology
ACE	Angiotensin Converting Enzyme Inhibitor
AMI	Acute Myocardial Infarction
APR DRG	All Patient Refined Diagnosis Related Groups
ARB	Angiotensin Receptor Blocker
ASA	American Stroke Association
C Section	Caesarian Section
CHART	California Hospital Assessment and Reporting Task Force
CLABSI	Central Line Associated Blood Stream Infection
CMS	Centers for Medicare and Medicaid Services
CT	Computerized Axial Tomography (CAT Scan)
CVP	Central Venous Pressure
ED	Emergency Department
HF	Heart Failure
Hg	Mercury
hr(s)	hour(s)
ICU	Intensive Care Unit
LVS	Left Ventricular Systolic
LVSD	Left Ventricular Systolic Dysfunction
NHSN	National Healthcare Safety Network
PCI	Percutaneous Coronary Intervention
PN	Pneumonia
POD	Post-op Day
Pt	Patient
SCIP	Surgical Care Improvement Project
ScVO2	Central Venous Oxygen Saturation
STEMI	ST Elevated Myocardial Infarction (ST refers to the EKG tracing segment)
VAP	Ventilator Associated Pneumonia
VHA	Voluntary Hospitals of America
VTE	Venous Thromboembolism

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

METRIC	CMS**	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Q4-Qtr %	Q4-2013 Num/Den	Rolling %	Rolling Num/Den
<b>Acute Myocardial Infarction (AMI) Measures</b>																	
AMI - ACEI or ARB for LVSD	100%	N/A	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	N/A	100%	100%	6/6	100%	26/26
AMI - Aspirin at arrival	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	56/56	100%	198/198
AMI - Aspirin prescribed at discharge	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	53/53	100%	182/182
AMI - Beta blocker prescribed at discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	43/43	100%	157/157
* AMI - Primary PCI within 90 minutes of arrival	95%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	11/11	100%	32/32
AMI - Statin Prescribed at Discharge	98%	100%	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	49/49	99%	174/175
<b>Heart Failure (HF) Measures</b>																	
HF - ACEI or ARB for LVSD	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6/6	100%	39/39
HF - Evaluation of LVS Function	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	36/36	100%	170/170
* HF - All Discharge Instructions	94%	100%	100%	100%	100%	85%	100%	80%	100%	100%	100%	100%	92%	97%	27/28	96%	129/134
<b>Pneumonia (PN) Measures</b>																	
PN - Antibiotic selection for ICU/non-ICU patients	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	13/13	100%	64/64
*PN - Blood culture in ED prior to initial antibiotic	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	43/43	100%	179/179
<b>Surgical Care Improvement Project (SCIP)Measures</b>																	
*SCIP/SIP-Inf-Antibiotic within 1 hr of incision-Overall	99%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	70/70	100%	309/310
*SCIP/SIP-Inf-Antibiotic selection-Overall	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	70/70	100%	310/310
*SCIP/SIP-Inf-Antibiotic disc. within 24 hrs-Overall	98%	100%	100%	100%	100%	94%	100%	100%	100%	95%	96%	96%	100%	97%	68/70	98%	305/310
*SCIP-Inf-Cardiac patients 6am postop serum glucose	96%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	98%	53/54
SCIP-Inf-Appropriate hair removal	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	118/118	100%	458/458
*SCIP-CARD-Beta blocker prior to admission and periop	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	24/24	100%	103/103
*SCIP-VTE-VTE prophylaxis timing	98%	96%	100%	100%	100%	100%	96%	96%	100%	100%	100%	100%	96%	99%	81/82	99%	323/327
*SCIP-Inf-Urinary catheter removed POD 1 or POD 2	97%	100%	100%	100%	100%	100%	100%	95%	100%	100%	93%	100%	100%	98%	48/49	99%	200/202
SCIP-Inf-Surgery patients w/perioperative temperature mgmt	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	118/118	100%	459/459
<b>Venous Thromboembolism (VTE) Measures</b>																	
VTE - Venous Thromboembolism Prophylaxis	82%	100%	98%	93%	100%	94%	98%	94%	100%	100%	97%	100%	95%	98%	124/127	98%	469/481
VTE - ICU Venous Thromboembolism Prophylaxis	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	19/19	100%	64/64
VTE - VTE Patients With Anticoag Overlap Therapy	91%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	11/11	100%	61/61
VTE - VTE Pts Receiving UFH with Dosage/Platelet Monitoring	96%	100%	N/A	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8/8	100%	26/26
VTE - VTE Warfarin Therapy Discharge Instructions	70%	100%	100%	N/A	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	7/7	100%	41/41
VTE - Hospital Acquired Potentially-Preventable VTE +	11%	0%	N/A	0%	0%	0%	0%	N/A	0%	0%	N/A	0%	N/A	0%	0/1	0%	0/13
<b>Global Immunization (IMM) Measures</b>																	
IMM - Pneumo Immunization - Overall Rate	90%	85%	81%	89%	69%	75%	80%	83%	89%	88%	90%	77%	96%	88%	128/147	83%	503/603
IMM - Influenza Immunization	90%	89%	93%	87%	N/A	N/A	N/A	N/A	N/A	N/A	86%	91%	90%	89%	232/261	89%	473/529

\* Performance period for CMS Value-Based Purchasing metric: 01-01-2013 through 12-31-2013 (shaded in blue)

+ Lower Number is better

\*\* CMS Top Decile Benchmark

\*\*\* CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov))

METRIC	CMS**	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Q4- Qtr %	Q4-2013 Num/Den	Rolling %	Rolling Num/Den
<b>Stroke Measures</b>																	
STK - VTE Prophylaxis	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	42/42	100%	147/147
STK - Discharged on Antithrombotic Therapy	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	29/29	100%	123/123
STK - Anticoagulation Thpy for Atrial Fibrillation/Flutter	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	10/10	100%	30/30
STK - Thrombolytic Therapy	60%	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	100%	N/A	100%	1/1	100%	6/6
STK - Antithrombotic Therapy By End of Hospital Day 2	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	35/35	100%	130/130
STK - Discharged on Statin Medication	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	19/19	100%	80/80
STK - Stroke Education	85%	75%	83%	75%	83%	100%	50%	100%	100%	100%	89%	100%	100%	96%	19/20	90%	64/71
STK - Assessed for Rehabilitation	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	40/40	100%	138/138
<b>ED Inpatient (ED) Measures</b>																	
ED - Median Time ED Arrival to ED Departure - Minutes +	275***	307.00	343.00	341.00	318.00	325.00	322.00	300.00	353.00	309.00	299.00	287.00	312.00	299.33	163--Cases	318.00	712--Cases
ED - Admit Decision Median Time to ED Departure Time - Minutes +	97***	166.00	165.00	164.50	150.00	161.00	165.00	160.00	165.00	154.50	165.00	150.00	134.00	149.67	114--Cases	158.33	503--Cases
<b>ED Outpatient (ED) Measures</b>																	
OP - Median Time ED Arrival to ED Departure Home - Reporting +	137***	121.50	155.50	141.00	168.50	127.00	154.50	168.00	147.00	142.00	138.00	143.50	138.50	140.00	132--Cases	145.42	445--Cases
OP - Median Time Spent in ED before seen by Health Care Profs. +	27***	30.50	34.50	21.50	37.00	37.00	40.00	33.00	23.00	28.00	23.50	30.00	37.00	30.17	131--Cases	31.25	451--Cases
<b>Outpatient Pain Management Measure</b>																	
OP - Median Time to Pain Mgmt for Long Bone Fracture - Mins +	59***	54.50	85.00	70.00	51.50	62.50	35.00	46.00	48.00	75.00	54.00	48.50	67.00	56.50	41--Cases	58	155--Cases
<b>Outpatient Stroke Measure</b>																	
OP - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	51%	N/A	N/A	0%	N/A	0%	N/A	100%	0%	N/A	N/A	100%	100%	100%	2/2	43%	3/7
<b>Outpatient Surgery Measures</b>																	
OP - Timing of Antibiotic Prophylaxis	97%	100%	100%	100%	100%	100%	100%	95%	92%	91%	100%	100%	100%	100%	49/49	98%	197/201
OP - Antibiotic Selection	97%	100%	100%	100%	100%	92%	100%	100%	100%	96%	100%	100%	100%	100%	49/49	99%	198/201

\* Performance period for CMS Value-Based Purchasing metric: 01-01-2013 through 12-31-2013 (shaded in blue)  
\*\* CMS Top Decile Benchmark  
\*\*\* CMS National Median Benchmark (changed from top decile to national median effective 3rd Qtr 2013)

+ Lower Number is better

**MARIN GENERAL HOSPITAL DASHBOARD**  
**CLINICAL QUALITY METRICS**  
 Publicly Reported on CalHospital Compare ([www.calhospitalcompare.org](http://www.calhospitalcompare.org))  
 and Centers for Medicare & Medicaid Services (CMS) Hospital Compare ([www.hospitalcompare.hhs.gov/](http://www.hospitalcompare.hhs.gov/))

	Benchmark					
<b>◆ Surgical Site Infection</b>						
METRIC	National Standardized Infection Ratio (SIR)	Jan 2012 - June 2012	Jan 2012 - Sep 2012	April 2012 - March 2013		
Colon Surgery	1	**	**	2.16		No Different than U.S. National Benchmark
Hysterectomy	1	**	**	**		No Different than U.S. National Benchmark
<b>◆ Intensive Care Unit (ICU) Measures</b>						
METRIC	National Standardized Infection Ratio (SIR)	July 2011 - June 2012	Oct 2011 - Sep 2012	Jan 2012 - Sep 2012	April 2012 - March 2013	
*Central Line Associated Blood Stream Infection Rate (CLABSI)	1	0.60	0.59	not published	1.38	No Different than U.S. National Benchmark
Catheter Associated Urinary Tract Infection (CAUTI)	1	not published	not published	0.81	0.55	No Different than U.S. National Benchmark
<b>◆ Maternity Measures</b>						
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	2009	2010	2011	2012	
Primary Caesarian Section Rate	27.80%	12%	15%	14.8%	23.5%	
Exclusive Breast Feeding Rate	63.20%	79.0%	80.0%	82.0%	81.3%	
<b>◆ Mortality Measures</b>						
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008 - June 2011	July 2009 - June 2012	
*Acute Myocardial Infarction Mortality	15.2%	13.8%	13.7%	13.5%	13.30%	
*Heart Failure Mortality	11.7%	10.6%	12.1%	12.9%	13.8%	
*Pneumonia Mortality	11.9%	11.6%	11.1%	10.7%	10.90%	
METRIC	California Hospital Assessment and Reporting Taskforce (CHART) State Average	Q4 2009 -Q3 2010	Q1 2010 -Q4 2010	Q3 2010 -Q2 2011	Q4 2010 -Q3 2011	
Intensive Care Unit Mortality	11.67%	11.45%	11.50%	9.09%	10.19%	
<b>◆ Current Performance Mortality Measures</b>						
METRIC	MGH	Q4-2012	Q12013	Q2-2013	Q3-2013	
Acute Care Admission Mortality (APR DRG --Datavision)	1.0	1.13	1.06	1.20	0.9	
Sepsis Mortality (APR DRG --Datavision)	1.0	1.25	1.35	1.24	1.08	
<b>◆ Acute Care Readmissions within 30 Days</b>						
	Benchmark					
METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2006 - June 2009	July 2007 - June 2010	July 2008- June 2011	July 2009- June 2012	
Acute Myocardial Infarction Readmissions	18.3%	18.0%	19.1%	18.0%	16.70%	
Heart Failure Readmissions	23.0%	24.8%	24.5%	24.7%	22.60%	
Pneumonia Readmissions	17.6%	17.7%	17.9%	17.9%	16.20%	

\* Performance period for CMS Value-Based Purchasing metric: 01-01-2013 through 12-31-2013 (shaded in blue)

\*\* Insufficient data to calculate SIR

# MGH Performance Metrics and Core Services Report

## 4Q 2013

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### Schedule 7: External Awards & Recognition

- **Tier 2, Patient Satisfaction and Services**  
The Board will report external awards and recognition.

<b>External Awards and Recognition – 2013</b>
American Stroke Association: <i>Stroke Gold Plus Quality Achievement Award</i>
Blue Shield of California: <i>Blue Distinction Center in Spine Surgery and Knee and Hip Replacement</i>
California Medical Association Institute for Medical Quality: <i>Accreditation for Continuing Medical Education</i>
College of American Pathologists: <i>Accreditation</i>
Joint Commission Accreditation: <i>Hospital, Behavioral Health, Primary Stroke Center Certification</i>
National Accreditation Program for Breast Centers and American College of Surgeons: <i>Breast Program Accreditation</i>



# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 8: Community Benefit Summary

➤ **Tier 2, Community Commitment**

The Board will report all of MGH's cash and in-kind contributions to other organizations.  
The Board will report on MGH's Charity Care.

<b>Cash &amp; In-Kind Donations</b>					
(these figures are not final and are subject to change)					
	1Q 2013	2Q 2013	3Q 2013	4Q 2013	Total 2013
Baseline Concussion Testing for Underserved Youth	\$2,500	\$0	\$0	\$0	\$2,500
Bread & Roses "Art to Heart Benefit"	\$0	\$2,200	\$0	\$0	\$2,200
Coastal Health Alliance	\$0	\$0	\$20,000	\$0	\$20,000
Community Institute for Psychotherapy	\$100	\$0	\$0	\$0	\$100
Harbor Point Charitable Fund	\$0	\$0	\$5,000	\$0	\$5,000
Healthy Aging Symposium	\$1,000	\$0	\$0	\$0	\$1,000
Heart Walk	\$0	\$0	\$2,500	\$0	\$2,500
Homeless Program	\$0	\$100,000	\$0	\$0	\$100,000
Homeward Bound	\$0	\$110,000	\$0	\$0	\$110,000
Hospice by the Bay Annual Ball	\$0	\$0	\$0	\$3,500	\$3,500
Implementation Strategy Work	\$0	\$13,500	\$0	\$0	\$13,500
LITA – Love is the Answer	\$0	\$1,000	\$0	\$0	\$1,000
Loving Spoonfuls Benefit	\$0	\$1,000	\$0	\$0	\$1,000
Marin Brain Injury Network	\$528	\$0	\$0	\$0	\$528
Marin City Health & Wellness	\$0	\$20,000	\$0	\$0	\$20,000
Marin Community Clinics	\$53,151	\$53,151	\$53,151	\$53,151	\$212,604
Marin Community Clinics Summer Solstice	\$0	\$1,000	\$0		\$1,000
Marin Sonoma Concours d'Elegance	\$2,500	\$0	\$0		\$2,500
MHD 1206(b) Clinics	\$623,639	\$948,551	\$1,162,228	\$1,119,185	\$3,853,603
NAMI Walk SF Bay Area	\$0	\$1,000	\$0		\$1,000
PRIMA Medical Foundation	\$1,110,743	\$936,031	\$1,125,000	\$760,353	\$3,932,127
Redwoods Crabfest	\$1,000	\$0	\$0		\$1,000
Ritter Center	\$0	\$20,000	\$0		\$20,000
RotaCare San Rafael	\$0	\$15,000	\$0		\$15,000
To Celebrate Life	\$0	\$0	\$15,000		\$15,000
Vial of Life Program	\$0	\$0	\$0	\$2,000	\$2,000
Whistlestop	\$0	\$0	\$15,000		\$15,000
Zero Breast Cancer – Honor Thy Healer	\$1,140	\$0	\$0		\$1,140
<b>Total Cash Donations</b>	<b>\$1,796,301</b>	<b>\$2,222,433</b>	<b>\$2,397,879</b>	<b>\$1,938,189</b>	<b>\$8,354,802</b>
<b>Total Cash &amp; In-Kind Donations</b>	<b>\$1,796,301</b>	<b>\$2,222,433</b>	<b>\$2,397,879</b>	<b>\$1,938,189</b>	<b>\$8,354,802</b>

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 8, continued

<b>Community Benefit Summary</b>					
(these figures are not final and are subject to change)					
	1Q 2013	2Q 2013	3Q 2013	4Q 2013	Total 2013
Community Health Improvement Services	\$41,622	\$39,522	\$46,952	\$51,236	\$179,332
Health Professions Education	\$27,953	\$20,915	\$17,577	\$13,722	\$80,167
Cash and In-Kind Contributions	\$1,796,301	\$2,222,433	\$2,397,879	\$1,938,189	\$8,354,802
Community Benefit Operations	\$582	\$305	\$1,640	\$1,640	\$4,167
Traditional Charity Care	\$462,918	\$577,924	\$826,807	\$1,361,194	\$3,228,843
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	\$4,422,724	\$4,117,192	\$4,527,991	\$4,486,388	\$17,554,295
<b>Community Benefit Subtotal</b> (amount reported annually to state & IRS)	<b>\$6,752,100</b>	<b>\$6,978,291</b>	<b>\$7,818,846</b>	<b>\$7,852,369</b>	<b>\$29,401,606</b>
<b>Community Building Activities</b>	\$0	\$0	\$0	\$0	\$0
<b>Unpaid Cost of Medicare</b>	\$15,226,174	\$15,559,427	\$15,012,662	\$15,516,293	\$61,314,556
<b>Bad Debt</b>	\$891,511	\$821,343	\$920,037	\$983,525	\$3,616,416
<b>Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total</b>	<b>\$22,869,785</b>	<b>\$23,359,061</b>	<b>\$23,751,545</b>	<b>\$24,352,187</b>	<b>\$94,332,578</b>

<b>Operation Access</b>					
<p>Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.</p>					
	1Q 2013	2Q 2013	3Q 2013	4Q 2013	Total 2013
Operation Access charity care provided by MGH (waived hospital charges)	\$235,812	\$644,764	\$788,888	\$949,513	\$2,618,977

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 9: “Green Building” Status

➤ **Tier 2, Community Commitment**

The Board will report on the facility’s “green building” status based on generally accepted industry environmental impact factors.

#### **Leadership in Energy and Environmental Design (LEED)**

*Leadership in Energy and Environmental Design (LEED)* is a third-party nationally accepted certification program that consists of a suite of rating systems for the design, construction and operation of high performance “green buildings.” This ensures that the buildings are environmentally compatible, provide a healthy work environment, and are profitable.

LEED-certified buildings are intended to use resources more efficiently when compared to conventional buildings simply built to code. LEED-certified buildings often provide healthier work and living environments, which contributes to higher productivity and improved employee health and comfort.

<b>MGH LEED Status</b>
MGH Hospital Replacement Project is registered with the United States Green Building Council (USGBC) as a New Construction Project.
MGH Hospital Replacement Project has retained Green Building Services, specializing in Healthcare LEED requirements.
All key members of the design team are LEED certified.
Through Schematic Design, the Project has achieved LEED Silver status.
The Project Team will conduct cost benefit analysis on LEED requirements in order to achieve a certification higher than LEED Silver (LEED Gold or Platinum).

# MGH Performance Metrics and Core Services Report 4Q 2013

## Schedule 10: New Physicians on Staff

➤ **Tier 2, Physicians and Employees**

The Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.

**As of December 31, 2013, there were a total of 521 physicians on MGH staff:**

- 277 Active
- 117 Provisional
- 49 Courtesy
- 41 Consulting
- 37 Office-Based

<b>New Physician Appointments</b> January 1, 2013 – December 31, 2013				
	Last Name	First Name	Appointment Date	Specialty
1	Agard	Jennifer	2/7/2013	Obst-OBGYN
2	Anaya	Yanett	9/12/2013	Obst-OBGYN
3	Batchelor	Caitlin	4/4/2013	Surg-Dentistry
4	Bermingham	Yamilee	10/12/2013	Obst-OBGYN
5	Bertheau	Daniel	2/7/2013	RNP-Nurse Practitioner
6	Bhat	Jyoti	9/12/2013	Med-Endocrinology
7	Bode	Kenneth	2/7/2013	Orthopedic Surgery
8	Bose	Diwata	4/4/2013	Obst-Gynecology
9	Brown	Michael	10/28/2013	Orthopedic Surgery
10	Browning	Carol	2/7/2013	Radiology
11	Buckley	Celine	4/29/2013	Radiology
12	Bush	Errol	12/5/2013	Surg-Cardiothoracic
13	Cameron	Victoria	4/4/2013	Other-NO Specialty
14	Carroll-Ambrose	Mary	12/5/2013	RNP-Nurse Practitioner
15	Chavez	Frances	5/2/2013	Family Practice
16	Davis	Wendy	9/12/2013	Med-Gastroenterology
17	DeFreitas	Donna	9/12/2013	Med-Internal Medicine
18	Dick	Jonathan	9/12/2013	Med-Internal Medicine
19	Duggirala	Srikant	11/7/2013	Med-Internal Medicine
20	Elia	Giovanni	9/12/2013	Obst-Gynecology
21	Farhat	Alex	12/5/2013	Med-Internal Medicine
22	Graham	Jeremy	9/12/2013	RNP-Nurse Practitioner
23	Harper	Cortney	9/12/2013	Obst-OBGYN
24	Hayward	Robert	3/7/2013	Med-Internal Medicine
25	Henry	Charles	12/5/2013	Radiology

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 10, continued

26	Hirsch	Jan	7/11/2013	Anesthesiology
27	Hoffman	Katey	7/11/2013	Pediatrics
28	Holm	Amy	10/12/2013	RNP-Nurse Practitioner
29	Johal	Sukhi	9/12/2013	Psychiatry
30	Johnson	Jacob	6/21/2013	Surg-Otolaryngology
31	Juriansz	G.	2/7/2013	Med-Internal Medicine
32	Kalira	Dimpi	7/11/2013	Emergency Medicine
33	Kanaan	Samer	5/2/2013	Surg-Cardiothoracic
34	Kangelaris	Gerald	6/21/2013	Surg-Otolaryngology
35	Kavanagh	Joseph	12/5/2013	Radiology
36	Kennedy	Abbey	3/7/2013	Orthopedic Surgery
37	La Saulle	Brooke	4/4/2013	Obst-Midwifery
38	Landeck	Scott	6/6/2013	Emergency Medicine
39	Lee	D.D.	6/6/2013	Obst-OBGYN
40	Lewis	Tangie	9/12/2013	RNP-Nurse Practitioner
41	Maddox	John	9/12/2013	Med-Dermatology
42	Massey	John	9/12/2013	Anesthesiology
43	Matsukuma	Karen	10/12/2013	Pathology
44	Matteo	Sheri	2/7/2013	Obst-Midwifery
45	Merrick	Scot	10/12/2013	Surg-Cardiothoracic
46	Mukhtar	Nizar	2/7/2013	Med-Internal Medicine
47	Munger	Louisa	9/12/2013	PA-Physician Assistant
48	Mynsberge	Matthew	7/11/2013	Surg-Dentistry/Oral
49	Newlon	Barbara	2/6/2013	Med-Internal Medicine
50	Norton	Laura	12/5/2013	Surg-General
51	Oesterle	Adam	9/12/2013	Med-Internal Medicine
52	Patel	Sanketkumar	11/7/2013	Med-Internal Medicine
53	Rand	Larry	2/7/2013	Obst-OBGYN
54	Sharma	Ripple	6/6/2013	Med-Internal Medicine
55	Shikary	Maria	12/5/2013	Pediatrics
56	Simon	Peter	12/5/2013	Pediatrics
57	Singer	Samuel	12/5/2013	Pediatrics
58	Singh	Abhishek	5/2/2013	Med-Internal Medicine
59	Singh	Kabir	10/12/2013	Med-Cardiology
60	Singhel	Shiva	8/7/2013	Med-Internal Medicine
61	Sockell	Mark	10/12/2013	Med-Internal Medicine
62	Sreedharan	Deepak	9/12/2013	Anesthesiology
63	Stark	Timothy	3/7/2013	Anesthesiology
64	Starr	Philip	9/12/2013	Surg-Neurosurgery
65	Teper	Irene	10/12/2013	Med-Internal Medicine
66	Theodosopoulos	Philip	9/12/2013	Surg-Neurosurgery

# MGH Performance Metrics and Core Services Report

## 4Q 2013

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### Schedule 10, continued

67	Tran	Tony	5/2/2013	Med-Internal Medicine
68	Van der Heusen	Frank	10/12/2013	Anesthesiology
69	Vargo	Jeffrey	2/7/2013	Radiology
70	Wadhwa	Rishi	12/5/2013	Surg-Neurosurgery
71	Weiss	Noah	2/7/2013	Orthopedic Surgery
71	Young	Janet	4/4/2013	Emergency Medicine
73	Yu	R. James	10/12/2013	Surg-Urology

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 11: Nursing Turnover, Vacancies, Net Changes

➤ **Tier 2, Physicians and Employees**

The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

Turnover Rate				
Quarter	Number of Clinical RNs	Terminated		Rate
		Voluntary	Involuntary	
1Q 2013	553	14	4	3.25%
2Q 2013	561	11	1	2.14%
3Q 2013	556	13	1	2.52%
4Q 2013	552	14	1	2.72%

Vacancy Rate									
Period	Per Diem Postings	Benefited Postings	Per Diem Hires	Benefited Hires	Benefited Headcount	Per Diem Headcount	Total Headcount	Benefited Vacancy Rate	Per Diem Vacancy Rate
1Q 2013	20	37	5	5	388	165	553	9.54%	12.12%
2Q 2013	22	29	11	8	387	174	561	7.49%	12.64%
3Q 2013	24	29	3	6	387	169	556	7.49%	14.20%
4Q 2013	19	37	8	4	386	166	552	9.59%	11.45%

Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
1Q 2013	10	18	(8)
2Q 2013	19	12	7
3Q 2013	9	14	(5)
4Q 2013	12	15	(3)

# MGH Performance Metrics and Core Services Report

## 4Q 2013

### Schedule 12: Ambulance Diversion

➤ **Tier 2, Volumes and Service Array**

The MGH Board will report on current Emergency services diversion statistics.

Quarter	Date	Time	Length of Time on Divert	Reason	ED Census	Waiting Room Census	ED Admitted Patient Census
4Q 2013	Oct 10	1440-1740	3 hr	ED Saturation	29	1	8
4Q 2013	Oct 29	1755-2200	4 hr, 5 min	ED Saturation	22	15	5
4Q 2013	Nov 10	1419-1700	2 hr, 41 min.	ED Saturation	30 (3 @ 1:1)	8	2
4Q 2013	Nov 17	1355-1535	1 hr, 40 min	ED Saturation	37	10	7
4Q 2013	Dec 8	1650-1850	2 hour	ED Saturation	22	11	3
4Q 2013	Dec 8	2236-0032	2 hour	ED Saturation	25	6	7
4Q 2013	Dec 19	1810-2119	3 hr, 9 min	ED Saturation	27	5	6
4Q 2013	Dec 20	1150-0000	12 hr, 10 min	ED Saturation	29	7	10
4Q 2013	Dec 23	1725-0115	7 hr, 50 min	ED Saturation	21 (4 @ Level 1)	9	2
4Q 2013	Dec 28	1717-2230	5 hr, 13 min	ED Saturation	26	7	5



# MGH Performance Metrics and Core Services Report

## 4Q 2013

Schedule 12, continued

### 2013 ED Diversion Data - All Reasons\*

\*ED Saturation, CT Scanner Inoperable, Trauma Diversion, Neurosurgeon unavailable, Cath Lab  
 (Not including patients denied admission when not on divert b/o hospital bed capacity)

